**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** Course Purge of Pharmacy courses no longer in use

**Initiating Individual:** Maureen Milizarski  **Initiating Department or Unit:** Pharmacy

**Contact Person's Name:** Stephen Durst  **Email:** StephenDurst@ferris.edu  **Phone:** 591-2254

- [ ] Group I-A – New Degree, major, concentration, minor, or redirection of a current offering
- [ ] Group I-B – Deletion of a degree, major, concentration, or minor
- [ ] Group II-A – New Course, modification of a course, deletion of a course
- [x] Group II-B – Minor Curriculum Clean-up
- [ ] Group III – Certificate (☐ College Credit  ☐ Non-credit  ☐ New Certificate)
- [ ] Group IV – Other site location (☐ College Credit  ☐ Non-credit )

| Program Representative ** || PLEASE PRINT AND SIGN YOUR NAME | DATE | VOTE/ACTION * Number Count |
|---------------------------|-------------------------------|------|---------------------------|
|                           |                               |      | Support   |
|                           |                               |      | Support with Concerns |
|                           |                               |      | Not Support   |
|                           |                               |      | Abstain   |

| Department/School/Faculty Representative Vote ** ||                       |      | Support   |
|---------------------------------------------------|-------------------------------|------|---------------------------|
|                                                   |                               |      | Support with Concerns |
|                                                   |                               |      | Not Support   |
|                                                   |                               |      | Abstain   |

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* Support with Concerns or Not Support must include identification of specific concern with appropriate rationale.

** Number Count must be given for all members present and/or voting.

To be completed by Academic Affairs  
Date of Implementation: Spring 2015

President (Date Approved)  
Board of Trustees (Date Approved)  
Academic Officers of Mi (Date Approved)
1. Proposal Summary: (Summary is generally less than one page. Briefly state what is proposed with a summary of rationale and highlights)
All courses to be deleted from Banner are no longer in use for the Doctor of Pharmacy program. Courses are not offered outside the College of Pharmacy. No adjustments are needed for the current PharmD checksheet.

2. Summary of Curricular Action (Check all that apply to this proposal)

☐ Degree  ☐ Major  ☐ Minor  ☐ Concentration  ☐ Certificate  ☑ Course

☐ New  ☐ Modification  ☑ Deletion

Name of Degree, Major, etc.: Click here to enter text.

3. Summary of All Course Action Required: Click here to enter text.

A. Newly Created Courses to be Added to the Catalog

Prefix   Number   Title
Click here to enter text.   Click here to enter text.   Click here to enter text.

B. Courses to be Deleted from FSU Catalog

Prefix   Number   Title
PHAD  470   Pharmaceutical Marketing
PHAD  482   Pharmacy Care – Public Health
PHAD  490   Special Topics in PHAD
PHAD  497   Special Studies in PHAD
PHCG  462   Adv in Natural Prod Research
PHCG  490   Special Topics in PHCG
PHCG  497   Special Studies in PHCG
PHCH  390   Special Topics in PHCH
PHCH  452   Special Topics in PHCH
PHCH  490   Special Topics in PHCH
PHCH  497   Special Studies in PHCH
PHCL  352   Select Topics - Pathophysiology
PHCL  462   Select Topics – Pharmacology
PHCL  490   Special Topics in PHCL
PHCL  497   Special Studies in PHCL
PHPR  290   Special Topics in PHPR
PHPR  397   Special Studies in PHAR
PHPR  420   Prof Developmental Seminar
PHPR  552   Intro to Pharm Clinics
PHPR  564   Eval Internet Drug Info Res
PHPR  568   Adv Presentation-Teach Skills
PHPR  574   Interdisciplinary Com Research
PHPR  578   Immunization Delivery
PHPR  590   Special Topics in PHPR
PHPR  605   Academic Pharmacy Experience
PHPR  606   Drug Information Clerkship
PHPR  607   Drug Use Policy Clerkship
PHPR  609   Profession Org Mgmt Clerkship
PHPR  612   Rural Health Clerkship
PHPR  613   Comm Pharmacy Mgmt Clerkship
PHPR  625   Community Pharmacy Practice
PHPR  670   Clinical Research Clerkship
PHPR  690   Special Topics in PHPR
PHSV  297   Independent Study – Non Major
PHSV  497   Independent Study – Non Major

C. Existing Courses to be Modified

Prefix   Number   Title
D. Addition of existing FSU courses to program

Prefix  Number  Title
Click here to enter text.  Click here to enter text.  Click here to enter text.

E. Removal of existing FSU courses from program

Prefix  Number  Title
Click here to enter text.  Click here to enter text.  Click here to enter text.

4. Summary of All Consultations

Form Sent (B or C)  Date Sent  Responding Department  Date Received & By Whom
Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.

5. Will External Accreditation be sought? (For new programs or certificates only)

☐ Yes  ☐ No

If yes, name the organization involved with accreditation for this program. Click here to enter text.

6. Is a PCAF required?  ☐ Yes  ☐ No

Is the PCAF approved?  ☐ Yes  ☐ No  (If yes, supply link on Academic Affairs website where PCAF is posted.

7. Program Checksheets affected by this proposal (Check all that apply to this proposal)

☐ Add Course  ☐ Delete Course  ☐ Modify Course  ☐ Change Prerequisite  ☐ Move from required to elective

☐ Move from elective to required  ☐ Change Outcomes and Assessment Plan  ☐ Change Credit hours

8. List all Checksheets affected by this proposal:

College  Department  Program
Click here to enter text.  Click here to enter text.  Click here to enter text.
Maureen K Milzarski

From: Tara M Lee  
Sent: Wednesday, April 15, 2015 2:12 PM  
To: Maureen K Milzarski  
Cc: Cheryl L Kondzielka  
Subject: RE: Form A - Course Purge of Pharmacy courses no longer in use  
Attachments: COP Form A.pdf

Here is the signed Form.

Sincerely,

Tara M. Lee, MS  
Administrative Specialist - Admissions  
220 Ferris Drive  
Big Rapids MI 49307  
231-591-3780  
leet@ferris.edu

From: Cheryl L Kondzielka  
Sent: Wednesday, April 15, 2015 1:38 PM  
To: Tara M Lee  
Subject: FW: Form A - Course Purge of Pharmacy courses no longer in use

Hi,

Weren’t you working on this?

From: Maureen K Milzarski  
Sent: Wednesday, April 15, 2015 1:18 PM  
To: Cheryl L Kondzielka  
Subject: FW: Form A - Course Purge of Pharmacy courses no longer in use

Just following up to see if you had a chance to get Steve Durst’s signature on the Form A.

Maureen Milzarski | Administrative Secretary to the Associate Provosts  
Ferris State University | Office of the Provost and Vice President for Academic Affairs  
1201 S. State St. - CSS 310F | Big Rapids, Mi 49307  
(231) 591-3532 office · (231) 591-3592 fax · Academic Affairs website  

This message may contain confidential and/or proprietary information and is intended for the person/entity to which it was originally addressed. Any use by others is strictly prohibited.
From: Maureen K Milzarski  
Sent: Wednesday, March 25, 2015 9:19 AM  
To: Cheryl L Kondzialka; Tara M Lee  
Subject: Form A - Course Purge of Pharmacy courses no longer in use

Attached is the Form A I prepared for the courses that will be deleted from Banner that are no longer in use. If you could have Steve Durst sign the form and send it back to me, I would appreciate it. I have prepared the Form F for all the courses noted on the Form A.

If you see any that should not be deleted, or if you see any I have missed, please let me know, and I can correct!

Thank you!

Maureen Milzarski | Administrative Secretary to the Associate Provosts  
Ferris State University | Office of the Provost and Vice President for Academic Affairs  
1201 S. State St. - CSS 310F | Big Rapids, MI 49307  
(231) 591-3532 office · (231) 591-3592 fax | Academic Affairs website

This message may contain confidential and/or proprietary information and is intended for the person/entity to which it was originally addressed. Any use by others is strictly prohibited.
Delete a Course
Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHAD  b. Number 470  c. Enter Contact Hours per week in boxes.
   LECTure LAB Seminar

d. INDependent Study ☐ Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Pharmaceutical Marketing

UCC Chair Signature/Date: ____________________________________________ 11

Academic Affairs Approval Signature/Date: _______________________________ 4/27/15

Office of the Registrar use ONLY

Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE ___ SCADTL ___ SCARRES ___ SCAPREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHAD  b. Number 432  c. Enter Contact Hours per week in boxes.
   LECTure  LAB  Seminar

d. INDEPENDENT Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Pharmacy Care – Public Health

UCC Chair Signature/Date: ____________________________

Academic Affairs Approval Signature/Date: ____________________________

Office of the Registrar

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE __ SCAETL __ SCARRES __ SCAPREQ __
Delete a Course
Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHAD  
b. Number 490  
c. Enter Contact Hours per week in boxes.
   LECTure  
   LAB  
   Seminar

d. INDependent Study ☐  
   Practicum: ☐  
   (Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Special Topics in PHAD

UCC Chair Signature/Date: _____________________________  1/1

Academic Affairs Approval Signature/Date: _____________________________  4/27/15

Office of the Registrar use ONLY

Date Rec'd:  ____  Date Completed:  ____  Entered: SCACRSE  SCADETL  SCARRES  SCAPREQ  

Delete a Course
Course Data Entry Form

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The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHAD  b. Number 497  c. Enter Contact Hours per week in boxes.
   LECTure LAB Seminar

d. INDependent Study ☐ Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Special Studies in PHAD

UCC Chair Signature/Date: ___________________________ Academic Affairs Approval, Signature/Date: ___________________________

Office of the Registrar use ONLY
Date Rec’ed: __________ Date Completed: __________ Entered: SCACRSE SCADETL CARRES SCAPREQ
Delete a Course
Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCG b. Number 462 c. Enter Contact Hours per week in boxes.
   LECTure LAB Seminar

d. INDependent Study  
   Practicum: (Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Adv in Natural Prod Research

UCC Chair Signature/Date:  

Academic Affairs Approval Signature/Date:  

Office of the Registrar use ONLY

Date Rec’d: Date Completed: Entered: SCACRSE SCADET S5 CARRES SCAPREQ
I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. 
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix  PHCG  b. Number  490  c. Enter Contact Hours per week in boxes. 
   LECTure  LAB  Seminar

d. INDependent Study  ☐ Practicum: ☐ (Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Special Topics in PHCG

UCC Chair Signature/Date: ______________________  1/1

Academic Affairs Approval Signature/Date: ______________________  4/29/05

Office of the Registrar use ONLY

Date Rec'd: ______ Date Completed: ______ Entered: SCACRSE  SCADETL  SCARRES  SCAPREQ  ______
Delete a Course
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a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCG  b. Number  497  c. Enter Contact Hours per week in boxes.
   LECTure  LAB  Seminar

d. INDependent Study    Practicum:   [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Special Studies in PHCG

UCC Chair Signature/Date: __________________________  Academic Affairs Approval Signature/Date: ____________________

Office of the Registrar use ONLY

Date Rec’d: ______________________ Date Completed: __________________ Entered: SCACRSE  SCADTL  SCARRES  SCAPREQ
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix: PHCH  b. Number: 390  c. Enter Contact Hours per week in boxes.

   Lecture  Lab  Seminar

d. Independent Study  Practicum:  (Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Special Topics in PHCH

UCC Chair Signature/Date:

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Academic Affairs Approval Signature/Date:

                        9 / 7 / 15

Office of the Registrar

use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ__
Delete a Course

FORM F
Course Data Entry Form
September 2012

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The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCH
b. Number 452
c. Enter Contact Hours per week in boxes.
   LECTure LAB Seminar
d. INDependIN Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)
e. Full Course Title: Special Topics in Medicinal Chem

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UCC Chair Signature/Date:

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Academic Affairs Approval/Signature/Date:

Office of the Registrar
use ONLY

Date Rec'd: Date Completed: Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __
Delete a Course

FORM F
Course Data Entry Form
September 2012

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a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCH b. Number 490 c. Enter Contact Hours per week in boxes.
   Lecture Lecture Lab Seminar

d. INDependeNT Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Special Topics in PHCH

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UCC Chair Signature/Date: Academic Affairs Approval Signature/Date:

Date Rec’d: Date Completed: Entered: SCACRSE _ SCADTL _ SCARRES _ SCAPREQ
Delete a Course

FORM F
Course Data Entry Form
September 2012

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a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

da. Course Prefix  PHCH  b. Number  497  c. Enter Contact Hours per week in boxes.
  Lecture  Lab  Seminar
d. Independent Study  Practicum:  (Check (x) box as appropriate. See definitions in Appendix E.)
e. Full Course Title: Special Studies in PHCH

UCC Chair Signature/Date: ___________________________ 11/1

Academic Affairs Approval Signature/Date: ___________________________ 4/27/15

Office of the Registrar
use ONLY

Date Rec’d: _____ Date Completed: _____ Entered: SCACRSF SCADTL_SCARRES SCAPREQ_
Delete a Course

FORM F
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September 2012

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a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCL  b. Number 352  c. Enter Contact Hours per week in boxes.
   LECTure LAB Seminar

d. INdependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Select Topics - Pathophysiology

UCC Chair Signature/Date: ____________________________  /  / 

Academic Affairs Approval Signature/Date: ____________________________  /  / 

Office of the Registrar

use ONLY

Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE SCADETL SCARRES SCAPREQ
Delete a Course

FORM F
Course Data Entry Form
September 2012

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The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCL   b. Number 462    c. Enter Contact Hours per week in boxes.
   LECTure                LAB              Seminar

d. INDEPENDENT Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]

   e. Full Course Title: Select Topics - Pharmacology

UCC Chair Signature/Date:                                      Academic Affairs Approval Signature/Date:

____________________________________________________________________________________

Office of the Registrar

use ONLY

Date Rec'd:   Date Completed:    Entered: SCACRSE _ SCADTL _ SCARRRS _ SCAPREQ _
Delete a Course

FORM F
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September 2012

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The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCL   b. Number 490   c. Enter Contact Hours per week in boxes.
   Lecture  LAB  Seminar

d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Special Topics in PHCL

__________________________  __________________________
UCC Chair Signature/Date:  Academic Affairs Approval Signature/Date:

Office of the Registrar
use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE ___ SCADTL ___ SCARRES ___ SCAPREQ ___
Delete a Course

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II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCL b. Number 497 c. Enter Contact Hours per week in boxes.
   LECTure LAB Seminar

d. Independent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Special Studies in PHCL

UCC Chair Signature/Date: 

Academic Affairs Approval Signature/Date:

Office of the Registrar
use ONLY

Date Rec'd: Date Completed: Entered: SCACRSE _ SCADETL _ SCARRES _ SCAPREQ _
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR   b. Number 290   c. Enter Contact Hours per week in boxes.
   LECTure   LAB   Seminar

   d. INDependent Study Practicum: (Check (x) box as appropriate. See definitions in Appendix E.)

   e. Full Course Title: Special Topics in PHPR

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<th>Academic Affairs Approval Signature/Date:</th>
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Office of the Registrar
use ONLY

Date Rec'd: Date Completed: Entered: SCACRSE__SCADETL__SCARRRS__SCAPREQ__
Delete a Course

FORM F
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September 2012

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The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR  b. Number 397  c. Enter Contact Hours per week in boxes.
   LECTure LAB Seminar
d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)
e. Full Course Title: Special Topics in PHAR

UCC Chair Signature/Date: ____________________________

Academic Affairs Approval Signature/Date: ____________________________

Office of the Registrar use ONLY

Date Rec'd: ______ Date Completed: ______ Entered: SCACRSE __ SCADTEL __ SCARRS __ SCAPREQ __
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR
b. Number 420
c. Enter Contact Hours per week in boxes.

LECture LAB Seminar

d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Prof Developmental Seminar

UCC Chair Signature/Date: ________________________________
Academic Affairs Approval Signature/Date: ________________________________

Office of the Registrar
use ONLY

Date Rec’d: ______ Date Completed: ______ Entered: SCACRSE _ SCADETL _ SCARRES _ SCAPREQ _
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHP b. Number 552 c. Enter Contact Hours per week in boxes.
d. INDependent Study Practicum: e. Full Course Title: Intro to Pharm Clinics

[Signature]
UCC Chair Signature/Date: 11

[Signature]
Academic Affairs Approval Signature/Date:

[Signature]
Office of the Registrar

Date Rec’d: Date Completed: Entered: SCACRSE _ SCADTL _ SCARRES _ SCAPREQ
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

da. Course Prefix PHPR  
b. Number 564  
c. Enter Contact Hours per week in boxes. Lecture Lab Seminar  
d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]  
e. Full Course Title: Eval Internet drug info Res

UCC Chair Signature/Date:  

Academic Affairs Approval Signature/Date:  

Office of the Registrar use ONLY

Date Rec'd: Date Completed: Entered: SCACRSE SCADETL SCARRES SCAPREQ
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR b. Number 568 c. Enter Contact Hours per week in boxes.
   Lecture LAB Seminar
d. INDEPENDENT Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)
e. Full Course Title: Adv Presentation – Teach Skills

UCC Chair Signature/Date: 


Academic Affairs Approval Signature/Date: 


Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix: PHPR  b. Number: 574  c. Enter Contact Hours per week in boxes.
   LECTure  LAB  Seminar

d. INDEPENDENT Study  Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Interdisciplinary Com Research

UCC Chair Signature/Date:  

Academic Affairs Approval Signature/Date:  

Office of the Registrar use ONLY

Date Rec'd:  Date Completed:  Entered: SCACRSE  SCADET  SCARRIES  SCAPREQ
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris
State University Catalog. (See Appendix E Instructions
for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR  b. Number 578  c. Enter Credit Hours per week in boxes.
     LECTure LAB Seminar
d. INDepedent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]
e. Full Course Title: Immunization Delivery

UCC Chair Signature/Date: __________________________ Date Completed: ______ Entered: SCACRSE _ SCADETL _ SCARRES _ SCAPREQ _

Academic Affairs Approval Signature/Date: __________________________

Office of the Registrar use ONLY

Date Rec'd: ______ Date Completed: ______ Entered: SCACRSE _ SCADETL _ SCARRES _ SCAPREQ _
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix: PHPR  b. Number 590  c. Enter Contact Hours per week in boxes.
   Lecture LAB Seminar
   d. Independent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]
   e. Full Course Title: Special Topics in PHPR

UCC Chair Signature/Date: ____________________________

Academic Affairs Approval Signature/Date: ____________________________

Office of the Registrar

use ONLY

Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix  PHPR  b. Number  605  c. Enter Contact Hours per week in boxes.
   LECTure  LAB  Seminar

d. INdependenStudy  Practicum:  

[Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Academic Pharmacy Experience

UCC Chair Signature/Date:

Academic Affairs Approval Signature/Date:

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Date Rec’d: Date Completed: Entered: SCACRSE _ SCADETL _ SCARRES _ SCAPREQ _
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR b. Number 606 c. Enter Contact Hours per week in boxes.
   LECTure LAB Seminar
d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)
e. Full Course Title: Drug Information Clerkship

UCC Chair Signature/Date: ________________________________  1/  

Academic Affairs Approval Signature/Date: ________________  9/29/15

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Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE _ SCADETL _ SCARRES _ SCAPREQ _
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix: PHPR  b. Number: 607  c. Enter Contact Hours per week in boxes.

   LECTure  LAB  Seminar

d. INDependent Study  Practicum:  [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Drug Use Policy Clerkship

__________________________     ____________________________
UCC Chair Signature/Date:     Academic Affairs Approval Signature/Date:

1 1     4 27 5

__________________________
Office of the Registrar

use ONLY

Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE  SCADETL  SCARRES  SCAPREQ
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix  PHPR  b. Number  609  c. Enter Contact Hours per week in boxes.
   LECture     LAB     Seminar

d. INDependent Study Practicum: (Check (x) box as appropriate. See definitions in Appendix E.)
e. Full Course Title: Profession Org Mgmt Clerkship

UCC Chair Signature/Date:  ____________________________  11

Academic Affairs Approval Signature/Date:  ____________________________  4/27/15

Office of the Registrar

use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE__ SCADETL__ SCARRES__ SCAPREQ__
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR  b. Number 612  c. Enter Contact Hours per week in boxes.
   LECTure LAB Seminar

d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Rural Health Clerkship

__________________________  ________________________________
UCC Chair Signature/Date:  Academic Affairs Approval Signature/Date:

Office of the Registrar
use ONLY

Date Rec'd: ____ Date Completed: _____ Entered: SCACRSE ____ SCADTL ____ SCARRES ____ SCAPREQ ____
DELETE A COURSE – Course Data Entry Form

FORM F-D
Effective Fall 2015

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instruction for Completing Forms)

A. Desired Term Effective: Term: Spring Year: 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

A. Course Prefix: PHPR  B. Course Number: 613
B. Contact Hours: 4 Lecture ☑Lab ☐ Seminar ☐ [Enter contact hours per week in blank. See formula for contact hours to credit hours in Appendix E.]
C. Practicum ☐ Independent Study ☐ [Check Box as appropriate. See Definitions in Appendix E]
D. Full Course Title: Comm Pharmacy Mgmt Clerkshp

To be completed by Academic Affairs Office: Standards & Measures Coding and General Education Code

<table>
<thead>
<tr>
<th>Basic Skill (BS)</th>
<th>General Education</th>
<th>Occupational Education</th>
<th>G E Codes: Click here to enter text.</th>
</tr>
</thead>
</table>

UCC Chair Signature/Date

Academic Affairs Approval Signature/Date

OFFICE OF THE REGISTRAR USE ONLY

Date Rec’d: Click here to enter text. Date Completed: Click here to enter text. Entered: SCACRSE ☐ SCADETL ☐ SCARRRES ☐ SCAPREQ ☐
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix: PHPR  
b. Number: 625  
c. Enter Contact Hours per week in boxes.  
   LECTure  
   LAB  
   Seminar  
d. INDependent Study  
   Practicum: [ ] Check (x) box as appropriate. See definitions in Appendix E.)  
e. Full Course Title: Comm Pharmacy Practice

UCC Chair Signature/Date:  

Academic Affairs Approval Signature/Date:  

Office of the Registrar use ONLY

Date Rec’d: ___  Date Completed: ___  Entered: SCACRSE  SCADETL  SCARRES  SCAPREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term  Spring  Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix  PHPR  b. Number  670  c. Enter Contact Hours per week in boxes.
   LECTure  LAB  Seminar

d. INDEPENDENT Study  Practicum:  [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Clinical Research Clerkship

______________________________
UCC Chair Signature/Date:

______________________________
Academic Affairs Approval Signature/Date:

______________________________
Date Rec'd:  Date Completed:  Entered:  SCACRSE  SCADETL  SCARRES  SCAPREQ
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR b. Number 690 c. Enter Contact Hours per week in boxes.
   LECTure LAB Seminar

d. INDEPENDENT Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Special Topics in PHPR

UCC Chair Signature/Date:

[Signature]

[Date]

Academic Affairs Approval Signature/Date:

[Signature]

[Date]

Office of the Registrar

use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE _ SCADTL _ SCARRES _ SCAREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix: PHSV
b. Number: 297
c. Enter Contact Hours per week in boxes.
   LECTure   LAB   Seminar

d. INDEPENDENT Study Practicum: (Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Independent Study – Non Major

UCC Chair Signature/Date:  

Academic Affairs Approval Signature/Date:  

Office of the Registrar use ONLY

Date Rec’d: ______ Date Completed: ______ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHSV b. Number 497 c. Enter Contact Hours per week in boxes.

LECTure LAB Seminar

d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Independent Study – Non Major

UCC Chair Signature/Date: ____________________________

Academic Affairs Approval Signature/Date: ____________________________

Office of the Registrar

use ONLY

Date Rec'd: ______ Date Completed: ______ Entered: SCACRSE SCADETL SCARRES SCAPREQ
Maureen K Milzarski

From: James A Lindsey
Sent: Tuesday, April 28, 2015 1:50 PM
To: Maureen K Milzarski
Cc: Kathy L Fisher
Subject: FW: Form A for course purge
Attachments: Form A - Pharmacy courses March 2015.docx

Hi Mo,

All of the Pharmacy courses for the purge are all good.

Thanks.

James A. Lindsey
Information Systems Analyst
Enrollment Services
1201 South State Street, CSS 101
Big Rapids, MI 49307-2747
Phone: 231-591-2782
E-mail: lindseyj@ferris.edu

From: Kathy L Fisher
Sent: Tuesday, April 28, 2015 12:02 PM
To: James A Lindsey
Subject: RE: Form A for course purge

Cool, thanks!

Kathy L. Fisher
Asst. Director, Enrollment Technical Services
Enrollment Services | Institutional Research
Ferris State University | CSS 101W
tel. 231-591-5014 fax 231-591-2950

From: James A Lindsey
Sent: Tuesday, April 28, 2015 12:01 PM
To: Kathy L Fisher
Subject: RE: Form A for course purge

Hi Kathy,

Sure, I will do it this afternoon.

Thanks.
From: Kathy L Fisher  
Sent: Tuesday, April 28, 2015 11:59 AM  
To: James A Lindsey  
Subject: RE: Form A for course purge  

Thanks Jim!  If you find some time could you do the Pharmacy one also? I know I said I would, but can’t seem to get to it!

Kathy L. Fisher  
Asst. Director, Enrollment Technical Services  
Enrollment Services | Institutional Research  
Ferris State University | CSS 101  
tel. 231-591-5014  fax 231-591-2950

From: James A Lindsey  
Sent: Thursday, April 23, 2015 9:44 AM  
To: Maureen K Milzarski; Kathy L Fisher  
Cc: Paula L Hadley-Kennedy  
Subject: RE: Form A for course purge  

Hi Mo,

Here is the College of Business report of Classes that are still active in MyDegree. You can see that Catalog Year end some might not be active, but when the catalog year is 9999 that means “til the end of time”.

Thanks.

James A. Lindsey  
Information Systems Analyst  
Enrollment Services  
1201 South State Street, CSS 101  
Big Rapids, MI 49307-2747  
Phone: 231-591-2782  
E-mail: lindseyj@ferris.edu

From: Maureen K Milzarski  
Sent: Wednesday, April 22, 2015 8:47 AM  
To: Kathy L Fisher; James A Lindsey  
Subject: Form A for course purge
These have not been signed, but this will give you opportunity to check to insure the courses do not impact checksheets.

Thank you for your help!

__________________________
Maureen Milzarski | Administrative Secretary to the Associate Provosts
Ferris State University | Office of the Provost and Vice President for Academic Affairs
1201 S. State St. - CSS 310F | Big Rapids, MI 49307
(231) 591-3532 office | (231) 591-3592 fax | Academic Affairs website

This message may contain confidential and/or proprietary information and is intended for the person/entity to which it was originally addressed. Any use by others is strictly prohibited.
Good morning,

Attached you will find the fully approved curriculum proposal 16-006 Course Purge of Pharmacy courses no longer in use.